

# KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

## Meeting Minutes

March 2, 2023

**Board Member Attendees:** Sharon Clark, Mark Kleiner, John Mark Fones, David Roode and Whitney Allen.

Deputy Secretary Banahan began the meeting with a welcome and review of the agenda. The first agenda item was an update from David Verry on the Kentucky Health Benefit Exchange.

David Verry began the update saying the Self-Service Portal (SSP) Improvement Work Group was going well, and interviews and work sessions continue with kynector and agent focus groups. Onsite observations had taken place to observe the application process to gather insight on potential problems and pain points. This will help identify areas of improvement. Usability testing is to begin soon for various users groups, including the contact center, kynectors, and agents. A prioritization workshop will be conducted to compile all the data from these efforts to identify the best course of action for SSP improvements.

System enhancements and changes include improved navigation, shopping, and easier sign in. Specifically, there will be help to direct people how to sign into an application or sign up for an account.

Various mapping features for looking up providers, assisters and other work to improve the process flow, and adding reports are also being discussed. There are fields and functionality regarding Advance Premium Tax Credit (APTC) calculations and partial member match issues included in the review.

David added that there will be increased support for the unwind, like open enrollment, with in person site support to provide real time help to people who need it, including the incident tracker used to report issues. One-on-one meetings will also be held similar to open enrollment.

Deputy Secretary Banahan next introduced Deputy Commissioner Veronica Judy Cecil who provided an update on the Medicaid unwinding which included a PowerPoint presentation with information being shared.

Deputy Commissioner Veronica Judy Cecil indicated there had not been many changes since the last update but added that the team was meeting with different organizations on the topic. She shared that they have been meeting with the Medicaid technical advisory committees and Medicaid Advisory Council and different provider groups who will be directly impacted by the public health emergency unwinding.

Deputy Commissioner Veronica Judy Cecil reminded the group that as of May 11th, the Public Health Emergency comes to an end as the White House has announced. The Department for Medicaid Services (DMS) is actively working to unwind the flexibilities that were implemented as part of the of the PHE.

The Consolidated Appropriations Act that passed requires states to restart normal eligibility and enrollment operations. It ends the continuous coverage effective March 31<sup>st</sup>. Kentucky is moving forward with those annual renewals. It also is phasing down our enhanced federal match rate. Since the public health emergency, the state received a 6.2% additional federal match rate that helped offset costs. This will be winding down throughout the year and ending December 31<sup>st</sup>.

Deputy Commissioner Veronica Judy Cecil said this effort has introduced additional requirements of States and it has been a bit of a challenge to keep up with the CMS guidance coming out. As an example, requirements clarifications received just last week required the state to make changes to our system and processes to comply. She shared that this is not an easy effort, but we must comply with CMS. This has prevented us from being too proactive with communication and outreach as the plan continues to evolve based on the continued additional guidance coming out.

The federal law in December put additional requirements on reporting, and that has been a focus to put in place. As an overview of the renewal process, Medicaid did file a renewal distribution plan on February 15<sup>th</sup>, which is pending with CMS. DMS plans to take all cases and distribute them across the 12-month unwinding period. Another CMS submission was the system artifacts which outlines the system changes that have been made to successfully unwind along with our testing plan March 31<sup>st</sup>.

Deputy Commissioner Veronica Judy Cecil showed there are three populations being allocated within certain months. The purpose was to have particular focus to these individuals and provide direct support and outreach. The first population is in May and will be a population of about 14,000 that have received Medicaid through special circumstance each month. They are due to discontinue after having been determined eligible at the start of the public health emergency. Medicaid has kept these people covered during the continuous coverage period and an effort will be made to ensure they understand they are no longer eligible and will lose coverage. Next is the Medicare eligible population who will be allocated from May to October. These are individuals who are 65 years old or older, who should have signed up for Medicare during the public health emergency. These individuals were of age to enroll in Medicare but may not have due to the continuous Medicaid coverage. Medicaid is providing other supports to this population, helping them understand the need to apply for Medicare. Medicaid is also making sure they understand who can help them and connecting them to those resources. This population will also be informed of an available special enrollment period. Anybody who is Medicare eligible that did not sign up when they were supposed to may have six months after Medicaid disenrollment to enroll in Medicare without a penalty. This ensures they can apply and not be penalized.

The last special population are those identified as eligible for a qualified health plan. These are individuals in our system that appear to be over the Medicaid income limit. At the time of their renewal, the system will check for eligibility. Those over the income limit will be provided support to transition to a qualified health plan on the state-based exchange. This will help ensure these individuals don't experience a gap in coverage. As the loss of Medicaid is a qualifying event, the month their Medicaid ends, their QHP will begin the following month. There will be messaging and information to support this group to get them transitioned.

The next slides Deputy Commissioner Veronica Judy Cecil shared showed a snapshot of what the renewal process follows for the Medicaid member. It detailed the communication or notice that will be sent to members going through a renewal. This shows that a member will receive a communication

about 90 days prior to their Medicaid end date and if they have not responded, they will receive another notice the 15th of the month of their renewal.

On the first of the month, before the renewal month, Medicaid will attempt an automatic verification and determination. Those who Medicaid can determine are continued eligible have nothing further they need to do. Members who end up discontinued due to no response to an RFI will be reinstated with no loss in coverage if they submit their documentation within 90 days.

Members will have the opportunity to appeal a Medicaid termination during the unwinding and will have 120 days to do so. Medicaid's goal is to try to avoid anyone being administratively terminated. To that end, there will be outreach for those going through the active renewal process. Outreach will also be conducted by managed care organizations.

Deputy Commissioner Veronica Judy Cecil reiterated that the slide displayed was only a snapshot and a forecast of who may lose Medicaid eligibility. Since circumstances can change, there is no way to be completely accurate until the person goes through the redetermination process. Currently, our system identified about 234,000 people who may lose coverage.

Deputy Commissioner Veronica Judy Cecil reminded the Advisory Board members that with the end of the public health emergency comes the end of Medicaid flexibilities that had been allowed. Deputy Commissioner Veronica Judy Cecil pointed out a few on the slide and noted that the second presumptive eligibility period will end on May 11th. During the public health emergency, Medicaid had been able to extend two PE periods per calendar year to members. With the unwinding that will return to one PE period. Medicaid did implement some flexibilities permanently. One is telehealth and that was also in part due to state legislation that passed, and Medicaid was able to incorporate into a regulation. Deputy Commissioner Veronica Judy Cecil stressed that it is critically important for members to update their information such as phone number, e-mail address, and mailing address.

The website [medicaidunwinding.ky.gov](https://medicaidunwinding.ky.gov) has launched and is the go-to for all things unwinding and restart of renewals. Deputy Commissioner Veronica Judy Cecil stated that the best way to monitor everything is through the Cabinet's social media channels as it will have the most current up-to-date information to keep everyone informed. Lastly, Medicaid plans to host a March stakeholder meeting. Monthly stakeholder meetings will be held throughout the unwinding and recordings will be made available.

Deputy Secretary Banahan thanked Deputy Commissioner Veronica Judy Cecil and invited any questions. With none being raised, Deputy Secretary Banahan began the Subcommittee updates.

Whitney Allen began with the Education and Outreach Subcommittee update. Whitney shared that the Education and Outreach Subcommittee had met on February 27<sup>th</sup>. The discussion was on outreach and education for Medicaid continuous enrollment and unwinding, a quick kynect to care update and then discussion of 2023 goals. Edith Sloan provided a group update during the subcommittee meeting on continuous enrollment and unwinding. Whitney acknowledged that the unwinding page, that was very helpful, as it contains a wealth of information, it is well organized and easy to follow. The group did recommend adding kynector information on some of the flyers and fact sheet materials to make it clearer on contacting a kynector directly for help. Whitney also commented that the group expressed a need for a Spanish version and KHBE confirmed they were working on that. Whitney stated that as they

understand, members will receive a mailed form, but will also get a text and e-mail. The 2023 goals discussion continued, and action items were attached to the items the work group will move forward with for the year. Whitney indicated there is a focus on promoting open enrollment earlier in the year, having proposed materials available by August and those materials will be presented to the subcommittee for review and comment. This will increase opportunity for kynectors to provide input. Also increasing trainings available to kynectors on SHOP and special open enrollment periods, as well as supporting individuals in creating kynect accounts and with SNAP applications. Edith had also provided an update during this meeting on the safety facilitations group. The safety group offers a PowerPoint and even live in person training on safety during in home and in field visits. This will be very helpful for the kynector groups. Lastly, Whitney announced the next subcommittee meeting which will be held on March 27th. David Verry did add that the editable and fillable flyers were completed and send out last week. He added a special thank you to Shane Hall who worked on those.

Deputy Secretary Banahan next introduced Mark Kleiner for the Agent and Navigator Subcommittee update.

Mark Kleiner thanked David Verry for helping carry out the subcommittee meeting. Mark said they had received the unwinding presentation during their meeting as well as field visits with agents and kynectors to help determine some of the big issue being experienced on the portal. The kynect on demand and the call center functionality has been pushed back to July 1<sup>st</sup>, when residents will be able to directly contact an agent. David Verry added that they also discussed other system enhancements. These are enhancements that are either in process or those that will be received from the SSP work group. Mark acknowledged that Deputy Secretary Banahan and David Verry have been very responsive to system requests and the wish list items for improvements.

Ryan Sadler was not in attendance, so Deputy Secretary Banahan briefly summarized the Qualified Health Plan Subcommittee, sharing the committee had met on February 14th. They also discussed kynect on Demand, which will allow individuals through either the kynect self-service portal or telephonically to find an agent to help them enroll into a qualified health plan or possibly Medicaid. Through the unwind, the Cabinet will pay agents \$50.00 for a completed Medicaid application.

Deputy Secretary said that the FFM, as part of the unwind, is allowing individuals terminated from Medicaid to enroll in a qualified health plan through July 2024. Currently in Kentucky, when a person loses Medicaid coverage, they have only 60 days to enroll in a Qualified Health Plan through a special enrollment period. Kentucky is planning to adopt the FFM policy allowing individuals more time to enroll in Qualified Health Plan coverage. The subcommittee also discussed that there are over 70,000 individuals who may lose their Medicaid coverage due to increased income and will be eligible to enroll in a Qualified Health Plan.

Deputy Secretary Banahan next asked for a motion to have the February meeting minutes approved. John Mark Fones made the motion and Mark Kleiner provided a second to the motion. All participants approved with all in favor saying aye. No members voiced against approval.

With the meeting minutes approved, Deputy Secretary Banahan asked if there were any questions, discussion topics or items of interest anyone wanted to open. Sharon Clark shared that DOI had been approached by the director of Insurance in Michigan and they're very interested in starting a state exchange. The director had been extremely complimentary about Kentucky. They plan to have some

initial conversations with her in Louisville this month at their national meeting, then there may be opportunity to have them meet with Health Plan Oversight. Deputy Secretary Banahan said it would be great to talk to them. Edith Slone, David Verry and possibly Veronica Cecil should attend such meeting.

Deputy Secretary Banahan announced that the next Advisory Board meeting was scheduled on April 6<sup>th</sup> .

A motion was made to adjourn by John Mark Fones and Whiney Allen gave second. The meeting was adjourned.